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SERIAL NUMBER 09/520,306	FILING DATE 03/07/2000 RULE -	CLASS 340	GROUP ART UNIT 2735	ATTORNEY DOCKET NO. 1631077-0025
APPLICANTS Michael A. Kepler, Aloha, OR ; Nicholas J. Elsey, West Linn, OR ; Michael Essex, Tigard, OR ; John S. Stafford, Portland, OR ; Timothy A. Timmins, Tigard, OR ;				
** CONTINUING DATA ***** none HA				
** FOREIGN APPLICATIONS ***** none HA				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/08/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY OR	SHEETS DRAWING 11	TOTAL CLAIMS 38
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: HA		INDEPENDENT CLAIMS 3		
ADDRESS White & Case LLP Patent Department 1155 Avenue of the Americas New York, NY 10036-2787				
TITLE Directory assistance system capable of providing telephonic concierge services				
FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9605

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SERIAL NUMBER 09/520,306	FILING DATE 03/07/2000 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 1631077-0025
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APPLICANTS

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John S. Stafford, Portland, OR;
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** CONTINUING DATA ***** *none HA*** FOREIGN APPLICATIONS ***** *none HA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/08/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 11	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>HA</i> Initials			

ADDRESS

Alex L Yip
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425 Park Avenue
New York, NY 10022

TITLE

Directory assistance system capable of providing telephonic concierge services

FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit